

DATE	SYMPTOMS, C	NOSIS, TREATMENT	TREATING ORGAN	NOTES (Sign each entry)
	CLINIC(S): () Cardia () Hypertension () Diabetes () Infectious () Endocrine			
	() Lipid () Pulmonary () Mental () Neurology () Ortho () General			
	() Other:			

0/16/03
1300
SUBJECTIVE: (Chief Complaint): *get pain under R rib*
back pain: bad back, disability on street
always feel sick, muscle, joint ache

OBJECTIVE: (Review System) Age: *42* Sex: *Male* Race: _____
B/P: *110/* P: *70* Wt: *283* T: _____ R/R: _____ SO2%: _____ Peak Flow: _____

HEENT: *OK* Last Op/Opht. Eval: _____

Heart: *OK* Hep C & since probably

Lungs: *clear* 20 yrs

Abdomen: *attach RUC* ac on back

Genital/Rectal: He handed me 5 coprotests

Extremities: "Says he does doesn't hurt anyone in the BOP"

Neuro: In contact with attorney

Recent Lab Results: *ALT 115*

ASSESSMENT(S): *Hep C* *SRU 10/10*

Chronic LRP *Disrupted Trusting relationship*

NO ETH in video of incident

Preventative Care: Diet *watching* Exercise *walking* *4 hrs per week*

Tobacco *trying to quit* Medication Side Effects: *NO*

NAME	SSN/ID NO.	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
			FCI McKean

IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO. <i>10924-052</i>	WARD NO.
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CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600-REV 5-87
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

Moshier Donald

000100

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:										
	Patient Education:										
	(✓) Etiology, Complications, Prognosis, Prevention (✓) Diet, Diabetic/Cardiac/										
	Disease, Lifestyle Changes (✓) No Smoking (✓) Medication Dosage/Administration/										
	Compliance/Side Effects (✓) Patient Understood Topics (✓) Instructed if problems										
	or if running out of medication, should sign up for sick-call or send cop out.										
	Diagnostic Studies: (✓) CBC/Diff (✓) U/A (✓) LFT (✓) Chem Profile (✓) Lipids (✓) HgA										
	1c Battery (✓) PSA (✓) Viral Load (✓) CD4 (✓) Toxo Igg. (✓) Hepatitis Panel										
	Hep A's B Serology (✓) EKG (✓) Others:										
	Consultations: (✓) Optometrist (✓) Ophthalmologist (✓) Orthopedic Surgeon										
	(✓) Others: psych										
	Referral for Vaccination: (✓) Influenza (✓) Pneumococcal (✓) Other:										
	Return to Clinic for routine Follow-Up on: 3mo										
	Treatment(s):										
	Tylenol 500mg #30 Rfz										
	Reviewed By: V. Geza, PharmD										
	H. BEAM, MD FCI MCKEAN										

000101

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/9/03 2200	admission note. Talked to inmate about request for Hep A vaccination. Had discussion about HCV & Will consult Dr. Beam. Rx TCN 500mg $\dot{\bar{I}}$ PO BID dispense #30 R-3 Dr cystitis done Zantac 150 mg $\dot{\bar{I}}$ PO QHS dispense #30 R-3 Dr reflux Eric Asp PA-C (to AM Pill Line window) 10/10/03 Reports for 10/09/03 visit last note 0655hr for meds that visit (+ prior meds 2 ^o → 09/30/03 visit - 2 ^o URTI - did not $\frac{1}{2}$ full 10/2/03 → 10/02/03 med confiscated & placement into SHU → Venipunct & Seq. - Confirmed 10/2/03 → Vnum 10/8/03 of L's persistent - Vnum slightly better C/O 2 ^o , amb., mod distress & Congestion → Prescriber: Amoxicillin 500mg $\dot{\bar{I}}$ PO TID x 10d #30 of Ref Actifed $\dot{\bar{I}}$ PO QID x 5 days of Ref Motrin 400mg $\dot{\bar{I}}$ PO TID PRNc for #20 of Ref Reviewed By: V. Geza, PharmD

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000102

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Case 1:05-cv-00180-SJM-SFB Document 25-13 Filed 05/21/2008 Page 4 of 50

ECI WCKOM
BOPHE L'LOPOMEN' M-C

110

BVC
BVC yeb

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/26/03 1200h	Admission Hypertension on treatment Pulmonary embolism MBS
9/18/03 MM	S' "I'm sick." @ cough @ vomiting @ diarrhea @ HA @ stiffness. Jks since last night. Seeks tx. O/N WRO. Temp: 99.4 Eyes & ears: clear, TM's intact. Nasal: turbinate boggy o/p: MM's pink & dry. Find other to breathe. Neck: supple & atheropathy. Chest: ctA bil. Abd: obese, NT, @ BS'S x4 quadrants @ hyperactive Sounds x4 @ guarding, @ NSM. AI-Viral Syndrome @ cold like Sxs. p: Repto bisindol #1, 30ccs up to 4x/day. OK. - Ibuprofen, 600mg. 1 tab po b'is. # 10 & K - Tylenol ES, 500mg. 2 tabs po qib prn. # 20 OK. Jdler x 24? pt ed re: viral syndrome, bland diet, rest, ↑ fluids Rtc prn. pt understands. B. Singh MRE
	Reviewed By: V. Geza, PharmD
	BONNIE SAYLOR, NP FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10729-052
			WARD NO.

Donald Mosher

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000104

9/30/03 (S) c/o stuffy nose, it. ear pain,
1000 back pain x 1 wk. pain F on 1-10 scale
HepC+ Smoker

© NAD 98°

ears - it. ear TM bulging canal
red

nose - stuffy, pale membranes

throat - erythema no exudate

lungs - wheezes all fields

(A) 1) URI 2) R/O asthma 3) Chronic COPD 4) Otitis media

(P) 1) Acetified $\frac{1}{2}$ po TID x 5 d NR

2) Motrin 400 mg $\frac{1}{2}$ or $\frac{1}{4}$ po TID prn
to food #20 R x 1

3) Albuterol inhaler $\frac{1}{2}$ puffs QID
prn #1 NR

3) Amoxicillin 500 mg $\frac{1}{2}$ TID x 10 d NR

4) \uparrow fluids

5) Educated on Rx, plan of care,
F/U in 5 days if no improvement
sooner if \uparrow symptoms

6) Adlex 3 days

J GLENN FMP-C

Reviewed By:
V. Geza, PharmD

9/30/03
D. Olson, MD
Clinical Director

NSN 7540-00-634-4176

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
6/23/03 1200	<p>③ Requests TCN for acne</p> <p>① NAD. SKIN: ① scarring lesions posterior torso } See 3/11/03</p> <p>② severe scarring acne</p> <p>① 1. Tetracycline 500 TID BID on empty stomach, c full glass of water. #30 R x 3</p> <p>2. FU pm via S/C.</p> <p>Reviewed By: <i>[Signature]</i> PharmD V. Geza, PharmD</p> <p><i>[Signature]</i> Steven Labrozzi, PA-C Physician Assistant</p>		
7/11/03 1330	<p>No show for scheduled S/C appointment.</p> <p><i>[Signature]</i> NP-C BONNIE SAYLOR, NP FCI MCKEAN</p>		
7/22/03 1035	<p>S: C/o heartburn - gets every night after he eats, ① in his throat. His unit goes last, C/o head cold & cough, mucus, x 2 weeks,</p> <p>O: NAD Temp. 97.6</p> <p>H&ENT: ① cystitis, ① mucus</p> <p>Lung: CTA bilateral ① wheezes, rales</p> <p>Abd: soft, nontender ① BS</p> <p>A: DURE</p> <p>② heartburn</p> <p>P: Continue on other side</p> <p><i>[Signature]</i> PA-C</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000106

7/22/03

continue from other side

1035

- 1: ① Education - stop smoking - Pt understands
- ② Zantac 150 BID dispense # 20 R-D
- ③ Famvir 500mg 150 BID dispense # 14 R-D
- ④ Zoloft 150 BID dispense # 15 R-D
- ⑤ Flu PRN

7/22/03
Reviewed By: *E. Geza*
V. Geza, PharmD

Eric Asp PA-C

Eric Asp
PA-C

8/24/03

1100

No show for scheduled appt.
will reschedule J. Glenn FNP

J. GLENN, FNP
FCI MCKEAN

9/2/03

1010

- 5: C/O ① knee pain - no trauma, but just hurts at top of patella
- ② severe H/A / sinus x 2 weeks.

Wants Hep C test, IV drug use, past cocaine, unprotected sex

O: NAD

ET: Full ROM active and passive - tenderness to palpation of ① medial-proximal area.

HENT: nasal congestion, post nasal drip

A: ① knee pain ② NAD

1: ① ibuprofen 800mg 150 BID dispense # 24 R-D

② CTN 4mg 150 BID dispense # 12 R-D

③ acetaminophen 150 BID dispense # 15 R-D

④ Education - exercise, 1 stretch - Pt understands

⑤ Flu PRN ⑥ TCN 500mg 150 BID dispense # 30 R-D

⑦ HCV Test

9/2/03
Reviewed By:
V. Geza, PharmD

Eric Asp
PA-C

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/23/03	FOOD HANDLERS PHYSICAL
09/15	S: Changes in physical health: <i>none</i>
	O: Cough? <i>none</i> Fever? <i>none</i> Night Sweats: <i>none</i>
	Skin rash/lesion? <i>legs</i> Hands? <i>clean</i>
	Temp: 97° B/P: 138/78 Pulse: 76 Resp: 16 Weight: 294
	Throat: wnl? <i>yes</i> other:
	Respiratory: wnl? <i>yes</i> other:
	Cardiac: wnl? <i>yes</i> other:
	PPD date: 7/12/02 positive/negative
	CXR date: positive/negative
	Other: (tattoos, evidence of IVDA)
	A: EHM? <i>yes</i> other:
	P: 1) OK for Food Service? (yes) no
	2) If not OK, schedule for MD evaluation (reason):
	3) Pt. Education: <i>Hygiene / infectious disease</i>
	<i>J Glenn FMP-C</i>

PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)

Moshier, Donald

10924-052

RECORDS MAINTAINED AT:	FCI McKean		
PATIENT'S NAME (Last, First, Middle initial)	SEX		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 300 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMA (41 CFR) 201-15.605

000108

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6/23/03 0910	<p>(S) C/O problems veins in legs, swelling of legs & allergies Pain 2 on 1-10 scale ② NAD 97%-76-16 138/78 legs - (+) edema both lower legs (+) pulses & capillary refill varicosities noted eyes - watery nose - clear drainage throat - WNL exudate lungs - CTA ① Diurnal allergies 2) varicosities ③ 1) Arterial 1/2 po TID x 5 d NR 2) TED hose 3) ↑ fluids 4) Elevate legs 5) Educated on Rx + plan of care 6) F/U per sick call 6/23/03 Reviewed By: <i>[Signature]</i> V. Geza, PharmD <i>[Signature]</i> J. Glenn FNP-C </p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-05	WARD NO.

Mosier, Donald

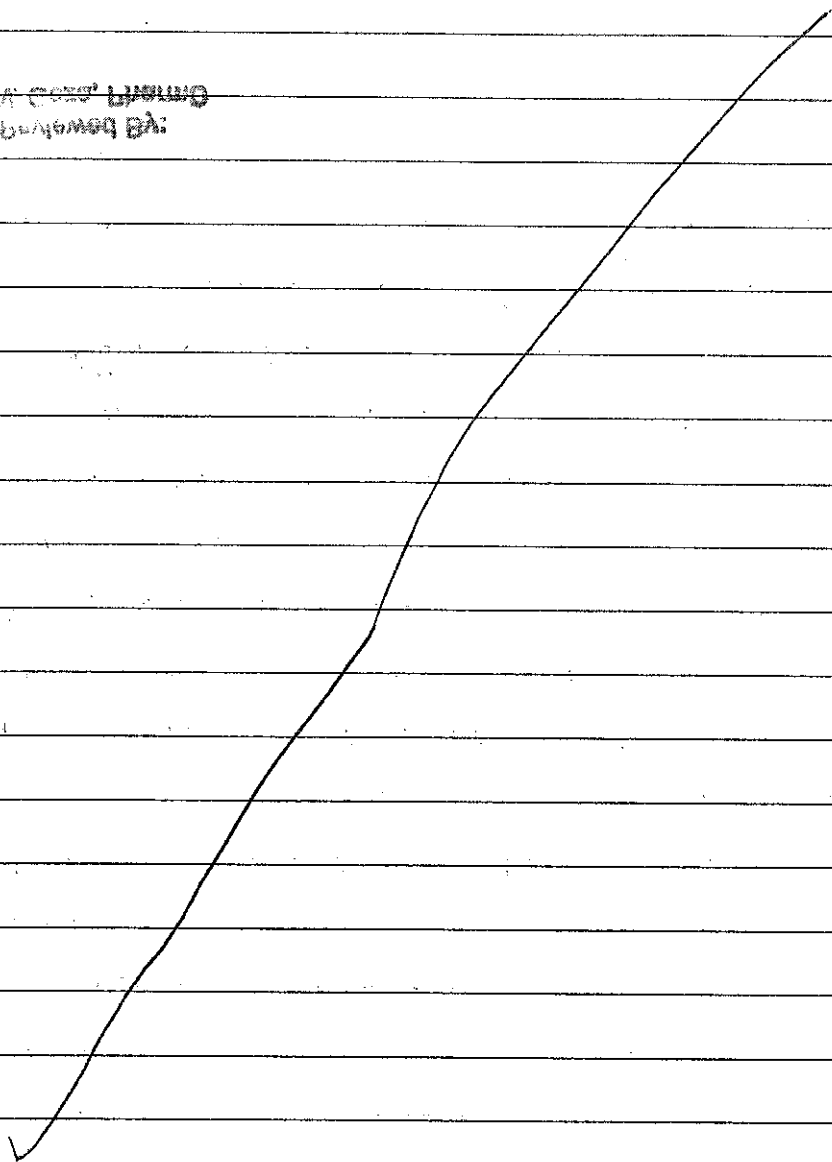
CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000109

A COPY OF THIS
DOCUMENT IS:



5-27-03

SI Ch: head cold and ear ache x 1 week. Seeks relief

0950

O: NAD. Temp 100.3. Eyes; Pearly, Ears: bil. canals erythema and edema
 TM's intact. Nizal: Erythema larynx @ rhinorrhea, 6/8: mms pink + moist,
 neck: supple, adenopathy. Chest: CTA bil.

A: bil OM, viral syndrome Ecol-like s/s

P: COM's, 4mg. T tub pr 9 8" H21 8x

Tub: 325mg. T-tub 9 4-6" pr H20 8x

Amoxicillin, 875mg. T-tub pr 10 x 10 dmp H30 8x PE education?

re: OM, Rtc prn + 10 dmp for flu. PT understands B. Saylor

5/27/03
 Reviewed By: *V. Geza*
 V. Geza, PharmD

BONNIE SAYLOR, NP
 FCI MCKEAN

6-13-03

EMERGENCY SICK CALL

0700

⑤ Bad cold body aches (fever/chill) vomiting x 2-7 days
 cough: gobs of blood head stuffed. UA

⑥ T=98.4° F

HEENT: Turbinates + 4/4 Left + 3/4 R

⑥ tenderness to palp of P/m sinuses

⑥ adenopathy
 Oropharynx ⊖ exudates

LUNGS: ⑥ rhonchi thru-out

⑥ wheezes

6/13/03
 Reviewed By: *V. Geza*
 V. Geza, PharmD

⑥ Bronchitis, URI, Sinusitis

⑥ 1. Albuterol inhaler 1-2 puffs QID prn SOB #1 NL.

2. Amoxicillin 500mg TID x 14d #21 Rx1

3. Pepto Bismol 1-2 TABS QID prn #1 Rx2

4. Motrin-400mg TID q4hrs prn HA, pain, body aches #30 Rx1

5. Actifed TID QID prn nasal + head congestion, cold s/s. #30 NR.

6. ↑ water + protein intake ↑ rest. DAT

7. IDLE x 3 days

8. IM urinalysis Tx plan Rtc prn

Steven Labrozzi, PA-C
 Physician Assistant

U.S. Department of Justice

109241

Name: Moshier, Donald Prisoner/Alien Reg. # 1978-1 D.O.B: 8/18/61

Departed From: ECP Date Departed: 4/10/63

Destination: Federal Reason for Transfer: _____

Dist. Name: WPA Dist. # 068 Date in Custody: _____

Medical Problems

1. LBP - MVA
2. hip pain
3. c/o depression
- 4.
- 5.
- 6.

Additional Comments: f/u 2 psych + MD
NKA

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, Why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, Why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, Why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, state reason:
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, What equipment?

000113

Phone Number:

C. Stearns CPA

451-755-2

4/10/03

Record copy - Transporting Officer; Copy - Health Record (Top page Position one); Copy - Transferring Institution

NSN 7540-00-634-4176

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
3/11/03	<p>③ MULTIPLE COMPLAINTS 41 y/o WM</p> <p>A) Severe cold x 2 weeks cough, chest congestion, HAs nasal congestion</p> <p>B) Chest pain x 2 weeks ... associated with cold?</p> <p>Sharp + 7/10 mid sternal to left pectoral pain radiates down left arm. Fingers go numb. OCCURS SEVERAL TIMES DAILY. PAIN ↑ with coughing + breathing. IM does not know if anything ↓ pain.</p> <p>C) RASH in scalp line / scalp + itching</p> <p>D) Severe acne: posterior torso, arms/pits. ④ pus</p> <p>④ NAD. T=98.7°F HR=88 SaO₂=95% BP=116/88 RA sitting</p> <p>HEENT: periorbital areas appear edematous</p> <p>④ tenderness to palp of maxillary sinuses</p> <p>Turbinate + 3/4 bilat. TMS pleth gray</p> <p>④ adenopathy</p> <p>LUNGS: ④ expiratory ronchi + wheezes heard throughout lung fields; these adventitious lung sounds disappear after 1M coughs. ④ egophony.</p> <p>SKIN: ④ scaling, erythematous lesions in scalp</p> <p>④ acne-form lesions throat posterior torso. ④ suppuration</p> <p>④ scarring. ④ lesions also in axillae. (axillae)</p> <p>EKG: NSR. NO ST segment elevation/depressions. NO arrhythmia. Normal ECG</p> <p>④ 1. Sinusitis + URI 4. CP 20 URI / cough</p> <p>2. Severe acne</p> <p>3. Seborrhea</p> <p>④ 1. Septra-DS 1 po BID (BID) x 10 days for sinusitis #20 NR</p> <p>2. Tetracycline 500mg 1 po BID on empty stomach, beginning on 21 Mar 03 after completion of Septra-DS. #30 R x 3</p> <p>3. Acetel 1 po QID (QID) for congestion + cold symptoms #20 NR</p> <p>4. Ibuprofen 400mg 1 po q 4 hrs prn HAs, pain. #30 R x 1</p> <p>5. Guaifenesin-DM 2 po BID for cough + chest congestion, ↑ H₂O intake. #20 NR</p> <p>6. JELSON 2.5% LOTION Massage 1-2 tsp into wet scalp. Rinse thoroughly after 3 minutes. Repeat 3x weekly. #1 R x 1</p> <p>7. IM 10 1 daily water intake</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
6. IM Ep 12 --- use		of med. 1M under 10 to plan.	RECORDS MAINTAINED AT
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
		SSN/ID NO. 10924-052	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
Steven Labrozzi, PA-C		10924-052	
Physician Assistant			

Moshier, Donald

Reviewed by D. Olson, MD

Date: 3/13/03

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000115

[A large handwritten 'X' is drawn across the page.]

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2/18/03 1025	<p>⑤ c/o sinus pressure, H/A, Rt. ear crackles. Pain 4 on 1-10 scale</p> <p>⑥ NAD 988</p> <p>exam - Rt. ear erythema of canal obstructed TM. Lt. ear dull face - mild tenderness over frontal sinus area</p> <p>Throat - erythema exudate</p> <p>Lungs - CTA</p> <p>⑦ 1) Sinusitis 2) Rt. otitis media</p> <p>⑧ 1) Amoxicillin 500 mg TID x 10 dx</p> <p>2) Acetaminophen $\frac{1}{2}$ po TID x 5 d NR</p> <p>3) Tylenol 500 mg $\frac{1}{2}$ po q8 prn # 30 NR</p> <p>4) All fluids</p> <p>5) Educated on Rx + plan of care</p> <p>6) L/U prn sick call</p> <p style="text-align: right;">J. Glenn</p>
	<p>Reviewed by D. Olson, MD Date: 2/19/03</p> <p style="text-align: right;">J. GLENN, FNP FCI McKean</p>

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Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

000117

2/20/03

1115

5 I'm 6' 1/2" tall and about 200 lbs - growing - want
to be - asking for HIV test - @ 6:00 PM
fracture - noticed bump 2 mos ago - blood on
toilet paper off soon - Hx IVDA x 15 yrs
crystal meth + cocaine - have shared needles -
multiple sex partners unprotected
no mass appreciated @ 6:00 at rib - just above
tissue - no ext hemorrhoid seen - seen internal
projected at 6:00 @ blood
A Hemorrhoid
@ IVDA Hx Rb HIV
p well order HIV testing now
at 2:00 to Dx - Understood R/p p/r

Reviewed by D. Olson, MD
Date: 2/21/03

T. Montgomery, MLP

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

12/9/02
0900S: Cant to clo cold symptoms → cough, congested
head, runny nose. Also states bumps under
(R) arm are coming backO: Wungs-OTA. Ears-TM's WNL. Throat-Benign.
Neck- & palpable nodes. Nasal turbinates
enlarged. + inflamed to tan mucous noted
& sinus tenderness.Exanth. maculopapular lesions xit to central
chest focus noted (R) axillary area. & dig

a: URI Cyst/abscess (R) axilla

P: Tetracycline 250mg = 40 + QID x OR
Acetaminophen = 10 + bid x ORPtedic. Take medic as directed. Warm compresses
to (R) axilla. RIC prn. Understands

Gracia Fairbanks PA

GRACIA FAIRBANKS
Physician Assistant

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FBI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Mosher, Donald
10924-052CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000119

2/3/03
0800

① g/o sinus, pressure & pain > 2 wks
also back is breaking out, and
H/A's all the time. Pain 5 on
1-10 scale

② 976 136/82
eyes - PERL

face - no ringed tenderness

throat - erythema & exudate

ears - TM - pearly gray @ light

nose - V an exchange, pale
membranes

③ 1) nasal congestion / sinus congestion

2) H/A's

④ 1) Acetaminophen 10x5 dNR

2) saline nasal spray 1/2 squirts

QID prn each nostril #1 NR

3) Tylenol 500mg 1/2 po q8 prn
#30 NR

4) fluids

5) Educated on Rx & plan of care

6) F/U 2/6/03

Reviewed by D. Olson, MD

Date: 2/3/03

J GLENN FMP-C

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

11/19/02
1025

S. clo heartburn x last 2-3 weeks → worse @ night. also clo to big pimples under (R) arm.

O. abd soft to sl. epigastric tenderness. & masses to organomegaly BS present. Back - (+) evidence of scarring from severe cystic acne on entire back! (R) axilla - 11 pea sized lesions to central focus. & drg @ present

A. Dyspepsia. 1st/abcess (R) axilla
P. Keflex 500mg #40 TID x OR
Zantac 150mg #20 TID x 2R
Pt. Educ. Take med as directed. Warm compresses to aa. & leaning 30° prior to hs. ↑ head while sleeping. R/R P/R. Pt understands
Healed Fairbanks Pa

G. Fairbanks
Physician Assistant

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Moshier, Donald
10924-082

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIRM (41 CFR) 201-9.202-1

000121

11/27/02
1400

⑤ c/o coughing until he gets a
H/A & sore throat x yesterday
Pain 4 on 1-10 scale, can't
sleep at night

⑥ UAD 984-74-16 138/78

nose - V air exchange st. nostril
throat - erythema exudate
lungs - expiratory wheezes
LUL

ears - WNL eyes - watery

(A) URI vs Flu syndrome

- 1) Acetified $\dot{+}$ po TID x 5 days NK
- 2) Amoxicillin $\dot{+}$ po BID # 14 NK
- 3) Tylenol 500 mg $\dot{+}$ po q8° prn
#30 NK
- 4) A fluids prect
- 5) FLU 11/30/02 in PM

[Signature]
JOHN T. M.P.C. J.T.C.

11/27/02
Violetta Geza, PharmD. RPh
Chief Pharmacist

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/12/02	(S) Inmate c/o cont. lt. ear pain 1300 and c/o stiff neck & rt. shoulder pain (see note (9/9/02) Pain 7/10-10 scale (S) Inmate unable to turn neck (T) (100 ²) - 24-18 138/88 neck - enlarged nodes, pain & rotation lt. ear - TM dull, bulging, canal has erythema (A) Otitis (P) 1) Amoxicillin 500mg i po TID x 10 dx 2) Heat / ice to shoulder area 3) Cont. Motrin for temp / pain 4) Educated on Rx plan of care 5) F/U prn sick call 6) Returns 9/13 temp 100.4 7) Dr. Beam (exam inmate)
9/12/02 J. Glenn, FNP N. Bera, PharmD	

J. GLENN, FNP
FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
			WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000123

S. Pa called to unit to have pt report to HCU
States (9) ear pain is better. o.dg from
ear noted

O: (1) ear cont a thick yellow/green dsg.
 1m not visible. EAC erythematous
 Temp 98.2. O+S of ear dsg shows Pseudo-
 monas, S. aureus, ~~Strep~~ hemolytic strep

a. OHS externa

P: Stop taking Amoxicillin + return to H&U

Δ 40 Cipus 500 mg ^{II} 20 Tbid x OR

Take med as directed. R/O Throat

9/19 @ 1230 you're ✓. It's under sand

9/12/12

GRACIA FAIRBANKS
~~Physician Assistant~~

OLSON, M.D.
INICAL DIRECTOR

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/12/02 0920	Physical exam done Gracia Fairbanks, MLP
8-4-02 1530	Si: 4/10 pain in @ ear x 3 days. States it is draining on his pillow. Pain is '5-6' on 1-10 scale. Seeks relief. Also 4/10 diabetes, family hpt. OI NAD. @ ear: Canal clean, TM intact. @ ear: 2 T cerumen. TM not observed. T-97.4
SHU	A: Cerumen impaction; x/10 diabetes PI Debruy, 5-7 gtt's in affected ear q b x 4 days. #1 & R. Pt. education re: cleaning ears. RTC x 4 days n prn for f/u. Lab: K BS, Pt. understands. <i>CLINIC [unclear] WITH Bonnie Saylor NP</i>
	<i>BONNIE SAYLOR, NP FCI MCKEAN</i> <i>REVIEWED BY: [signature] 8/15/02</i> <i>H. BEAM, MD FCI MCKEAN</i>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
			WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000125

9/9/02 S: clo (L) ear pain x last 2 weeks \approx 10 on
1125 a 1-10 scale. @ present time,
also clo a loss of hearing x 2 weeks
+ green drg x last 1 week

O: Temp 99 $^{\circ}$, Throat - benign. (+) (L) anter Cervical
nodes palpated. Nasal turbinates WNL.

(R) Ear - (R) TM intact. (L) ear - mod. amt green
purulent drg noted. TM not visible

A: Otitis externa

P: Ceftriaxone ear gtt #1 - ii - iii gtt (L) ear
tid x OR

Pt educ. Use ear gtt as directed. Culture
(L) ear taken. Call-out Thurs 9/12/02 @
12:30 for rev. Pt understands

Gracia Fairbanks, MLP

Gracia Fairbanks, MLP

9/9/02 Addendum to above note

1125 Motrin 800mg #21 tid prn c food x 1R

Pt educ. Take med as directed. Pt understands

Gracia Fairbanks, MLP

Gracia Fairbanks, MLP

Gracia Fairbanks, MLP

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF

TB Clearance Yes ☒ No ☐
 1. PPD Completed: 7/14/01
 Results: 0 mm
 2. CXR Completed
 Results:
 Health Authority
 Clearance: YES
 Sign [Signature] Date 6/4/02
 Note:
 Dates listed above must be within
 one year of this transfer

NAME: MOSHIER, DONALD	Prisoner/Alien Reg REG. 10924-052	D.O.B.
Departed From MDC Brooklyn	Date Departed 6/5/02	
Destination USM	Reason for Transfer NON MEDICAL	
Dist. Name	Dist.#	Date in Custody __/__/__

Current 1. _____ 4. _____
 Medical 2. _____ 5. _____
 Problems 3. _____ 6. _____

Medication	Dose	Route	Instructions For Use (Include proper time for administering)	Stop
			Medication Required For Care Enrout	
NONE			NONE	

Additional Comments
 CONTINUE WITH MEDS TIL SEEN BY DR.

Special Needs Affecting Transportation

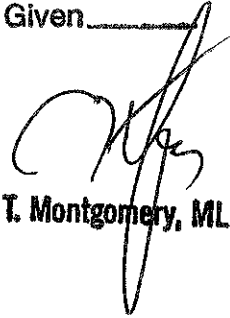
Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason 000127
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name - Certifying Health Authority S. RIOS SPA	Phone Number (718) 840-4200	Date Signed 6/4/02

P Lewisburg
Inmate Received, this date 6/5/02
Medical History Reviewed Yes ☒ No
Evidence of lice Yes ☒ No
Suicidal Thoughts Yes ☒ No
Recent Assault, Trauma or Abuse Yes ☒ No
Signs and Symptoms of Infect Disease Yes ☒ No
Allergies to Medications Yes ☒ No
Medications Yes ☒ No

D. McClintock, NREMT-P
Paramedic
USP Lewisburg ☒

OK FOR TRANSFER
USP LEWISBURG
MEDICATIONS YES ☒ NO ☒
D. McClintock, NREMT-P
Paramedic
USP Lewisburg ☒

6/6/02 FCI/FPC McKean
Inmate Received this date 6/6/02
Medical History (BP-360) Reviewed 12/02
Evidence Body Lice: Yes/No Yes
Medications: Yes/No - Given Yes


T. Montgomery, MLP

ISBN 7540-00-834-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/23/02	- Received MDC Brooklyn
14/15	- no medication
	H/O Fx max 2° to assault May 2002.
	Substance abuse.
	CH LBP. 2° MVA. - 1989
	A&O Physical abn
	H/O Naproxen 275mg #20 Rx
	+ PO x BQD - 10 days
	- Advice 8pc PRN
	ARUN VERMA

HOSPITAL OR MEDICAL FACIL

RECORDS MAINTAINED AT

SPONSOR'S NAME

NAME

MOSHIER JR. DONALD

PATIENT'S IDENTIFICATION:

Date Of Birth 8/18/1961 Sex M Institution BRO Date Of Photo 5/22/2002

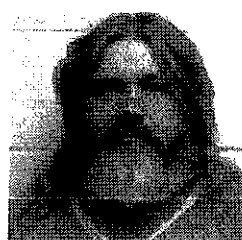
Height 601 Weight 260 Hair Color BD Eye Color BL

Custody / QTR

Spec. Cond

CCC / CSW

WRK



REGISTER NUMBER

10924-052

SPONSOR

REGISTER NO.

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

WARD FORM 600 (REV. 6-97)
 d by GSA/ICMR
 41 CFR 201-9.202-1

000129

DATE

Case 1:05-cv-00180-SUM-SPB Document 25-1 Filed 12/22/08 Page 31 of 50

ISBN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

5/22/02

S. DAVIDSON
Medical Records
MDC Brooklyn

S.D.

HEALTH SERVICE UNIT
MDC BROOKLYN
100 29 TH STREET
BROOKLYN, NY 11232

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Moshier, J. D.
10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIMR (41 CFR) 201-9.202-1

000131

DATE

Case 1:05-cv-00001-SJS Document 1-1 Filed 01/05/06 Page 33 of 50

U.S. Department of Justice

Dates listed above must be within one year of this transfer.

Additional Comments:

☒ Yes

☒ Yes

Q Yes

☐ Yes

Phone Number:

Date Signed:

(607) 775-6042

5/21/02

Form US-503
02-9-69(81)

000130

5/28/02
14:00

Received MDC Brooklyn
- no medicine

ARUN VERMA

000134

FPI LEX Printed on Recycled Paper

10924-052

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE BUT UNCLASSIFIED ***
FINAL REPORT

Register Number : 10924-052 Age : 44yr
Name : MOSHIER JR, DONALD Sex : M
Location : USP LEWISBURG Room :
Order. Physician: BUSSANICH
Collected : 03/15/06 @ 02:00 by: RE

Test	Result	Flag	Reference Range/Units	Tech
Collection Cmt.	Pre-Op			TC
COMP PROFILE				
Glucose	126	HI	70 - 110 mg/dL	JN CK
Urea Nitrogen	18		7 - 22 mg/dL	JN CK
Creatinine	1.0		0.6 - 1.6 mg/dL	JN CK
SodiumI	140		137 - 148 mmol/L	JN CK
Potassium	3.8		3.5 - 5.0 mmol/L	JN CK
ChlorideI	107		99 - 114 mmol/L	JN CK
CalciumI	8.5		8.5 - 10.9 mg/dL	JN CK
Total Protein	7.3		6.0 - 8.2 g/dL	JN CK
Albumin	4.0		3.6 - 5.1 g/dL	JN CK
Alkaline Phos.	60		41 - 133 U/L	JN CK
AST (SGOT)	65	HI	11 - 55 U/L	JN CK
Total BilirubinI	0.4		0.2 - 1.3 mg/dL	JN CK
Cholesterol	131		50 - 200 mg/dL	JN CK
ALT1 (SGPT)	92	HI	11 - 66 U/L	JN CK
MCBC				
White Blood Cell	4.2	LO	4.3 - 11.1 10 ³ /uL	GK CK
Red Blood Cells	5.31		4.46 - 5.78 10 ⁶ /uL	GK CK
Hemoglobin	16.7		13.6 - 17.6 g/dL	GK CK
Hematocrit	47.6		40.2 - 51.4 %	GK CK
MCV	89.5		82.5 - 96.5 fL	GK CK
MCH	31.4		27.1 - 34.3 pg	GK CK
MCHC	35.0		33.0 - 35.0 g/dL	GK CK
RDW	13.4		12.0 - 14.0 %	GK CK
PLT	75	LO	130 - 374 10 ³ /uL	GK CK
WBC's and Plt Count may be inaccurate due to possible plt changes or NRBC's. Recommend future specimens have a differential ordered.				
MPV	9.0		6.9 - 10.5 fL	GK CK

Legend

LO=Low AL=Alarm Low HI=High AH=Alarm High AB=Abnormal
EL=Less than Clinically Reportable Range
EH=Greater than Clinically Reportable Range

Name : MOSHIER JR, DONALD
Register Number : 10924-052
Printed : 03/17/2006 @ 16:24

Location : LEW
Page : 1 of 1

000137

01/25/2006
01:30

Geisinger Medical Center
Danville, Pennsylvania 17822
Conrad Schuerch, M.D. - Director

PAGE 1

NAME: MOSHIER, DONALD AGE: 44Y DOB: 08/18/1961 SEX: M
MRN: XUSPL-10924052 LOC: XUSPL
HOSP: GMC
ACCT: 9990038438 DR: PEORIA PAC, MARK CODE: 04605

F58789 COLL: 01/18/2006 07:00 REC: 01/20/2006 17:17

HCV RNA QUANTITATIVE
HCV RNA IU
HCV RNA COMMENTS

322926

IU/mL

The Molecular Diagnostics Laboratory uses the FDA approved VERSANT HCV RNA assay (version 3.0; Bayer Corporation) for the direct quantification of HCV RNA in plasma and serum of HCV-infected individuals. The method is based on branched DNA (bDNA) signal amplification and demonstrates equivalent quantification of HCV genotypes 1-6. Assay specificity has been determined by the manufacturer to be greater than 98%. The dynamic range of this test is 615 to 7,690,000 IU/mL. The International Unit (IU) is a designated unit value assigned to the "First International Standard for Nucleic Acid Amplification Technology Assays for HCV RNA" which is accepted by the WHO Expert Committee on Biological Standardization. A value lower than 615 IU/mL indicates that viral RNA levels are below the assay's limit of detection, but does not mean that the virus is absent. A qualitative polymerase chain reaction test (PCR) with a detection limit of 50 IU/mL is available for assessment of low levels of HCV viremia. This test is intended for use in conjunction with clinical presentation and other laboratory markers of disease status as an aid in the management of individuals infected with HCV. HCV RNA results from the assay can be used to assess prognosis or disease progression and to monitor the efficacy of therapy by measuring changes in the HCV RNA levels during the course of therapy.

The Molecular Diagnostics Laboratory has validated the performance characteristics of this test. Results should be interpreted within the context of clinical presentation and additional laboratory data.

USC Lewisburg
Health Services Unit
Lewisburg, PA 17037

000138

ABNORMAL RESULT FLAGS: H for abnormal high L for abnormal low * for critical values

MOSHIER, DONALD

END OF REPORT

CLIENT REPORT
PAGE 1

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number : 10924-052 Age : 44yr
Name : MOSHIER JR, DONALD Sex : M
Location : USP LEWISBURG Room :
Admit. Physician: DR. NAVARRO Accession Number : 1704
Order. Physician: DR. NAVARRO
Collected : 09/01/05 @ 11:00 by: RE

Test	Result	Flag	Reference Range/Units	Tech
COMP. METABOLIC				
Glucose	79		70 - 110 mg/dL	JN CK
Urea Nitrogen	21		7 - 22 mg/dL	JN CK
Creatinine	1.0		0.6 - 1.6 mg/dL	JN CK
SodiumI	140		137 - 148 mmol/L	JN CK
Potassium	4.1		3.5 - 5.0 mmol/L	JN CK
ChlorideI	108		99 - 114 mmol/L	JN CK
CalciumI	8.9		8.5 - 10.9 mg/dL	JN CK
Total Protein	6.9		6.0 - 8.2 g/dL	JN CK
Albumin	3.9		3.6 - 5.1 g/dL	JN CK
Alkaline Phos.	49		41 - 133 U/L	JN CK
AST (SGOT)	59	HI	11 - 55 U/L	JN CK
Total BilirubinI	0.6		0.2 - 1.3 mg/dL	JN CK
Cholesterol	141		140 - 200 mg/dL	JN CK
ALT1 (SGPT)	64		11 - 66 U/L	JN CK
Glycohemoglobin	4.6		4.3 - 6.3 %A1C	RS CK

USP Lewisburg
Health Services Unit
Lewisburg, PA 17837


Anthony Eussanich, M.D.

09.0305

Legend

LO=Low AL=Alarm Low HI=High AH=Alarm High AB=Abnormal
EL=Less than Clinically Reportable Range
EH=Greater than Clinically Reportable Range

000139

Name : MOSHIER JR, DONALD
Register Number : 10924-052
Date : 09/02/2005 @ 16:24

Location : LEW
Page : 1 of 1

LabCorp Dublin
6370 Wilcox Road
Dublin, OH 43016-1296

Phone: 614-889-1061

Specimen Number 151-844-0435-0	Patient ID 10924-052	Control Number A3S37806845	Account Number 37806845	Account Phone Number 814-362-8900	Account Delivery Route 00
Patient: Last Name MOSHIER			Account Address Federal Correctional Institute McKean County P O Box 5000 Lewis Run PA 16738		
Patient First Name DONALD		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D) 43/09/13	Date of Birth 08/18/61	Sex M	Fasting Nc		
Patient Address			Additional Information PROV:		
Date and Time Collected 05/31/05 09:15	Date Entered 05/31/05	Date and Time Reported 06/06/05 15:11 ET	Physician Name	NPI	Physician ID BEAM
Tests Ordered HCV QuantaSure Plus (Non-Graph)					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

HCV QuantaSure Plus (Non-Graph)

Hepatitis C Quantitation 1,730 IU/mL CG
Please note: CG

This test measures HCV RNA in International Units (IU) per mL using real-time Polymerase Chain Reaction (RT-PCR) technology. It quantitates HCV RNA from 10 to 100,000,000 IU/mL.

The assay was developed and its performance characteristics were determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

CB: LabCorp Dublin
6370 Wilcox Road, Dublin, OH 43016-1296

Dir: Rose Goodwin, MD

TG: LabCorp RTF
1912 Alexander Drive, RTF, NC 27709

Dir: Myla Lai-Goldman, MD

For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061

Reviewed by D. Olson, MD

Date: 6/7/05

S. Czeka
S. Czeka, Med Tech.

FCI MCKEAN HEALTH SVC.
05 JUN -6 PM 3:18

000140

MOSHIER, DONALD	10924-052	151-844-0435-0	Seq #1642
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FINAL REPORT

Page 1 of 1

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Ver: 1.11

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number : 10924-052 Age : 43yr
Name : MOSHIER JR, DONALD Sex : M
Location : FCI MCKEAN (MCK) Room :
Admit. Physician: BEAM, MD Accession Number : 2331
Order. Physician: BEAM, MD
Collected : 05/31/05 @ 09:15 by: RE

Test	Result	Flag	Reference Range/Units	Tech
Collection Cmt.				LN
POST INTERFERON				
LIVER PROFILE				
Urea Nitrogen	17		7 - 22 mg/dL	KS CK
Creatinine	0.9		0.6 - 1.6 mg/dL	KS CK
Total Protein	6.9		6.0 - 8.2 g/dL	KS CK
Albumin	3.7		3.6 - 5.1 g/dL	KS CK
Alkaline Phos.	56		41 - 133 U/L	KS CK
AST (SGOT)	37		11 - 55 U/L	KS CK
LDH	262	LO	354 - 705 U/L	KS CK
Total Bilirubin	0.2		0.2 - 1.3 mg/dL	KS CK
A/G Ratio	1.18		1.00 - 2.30	KS CK
Globulin	3.2		2.0 - 3.7 g/dL	KS CK
ALT1 (SGPT)	73	HI	11 - 66 U/L	KS CK
Direct Bilirubin	0.1		0.0 - 0.5 mg/dL	KS CK
Gamma GT1	73		8 - 78 U/L	KS CK
Bilirubin Unconj	0.1		0.0 - 1.1 mg/dL	KS CK
Bun/Creat Ratio	17.6		5.0 - 30.0	KS CK
Bilirubin Conjug	0.0		0.0 - 0.3 mg/dl	KS CK
CBC				
White Blood Cell	3.5	LO	4.3 - 11.1 10 ³ /uL	JE TE
Red Blood Cells	4.74		4.46 - 5.78 10 ⁶ /uL	JE TE
Hemoglobin	14.7		13.6 - 17.6 g/dL	JE TE
Hematocrit	42.3		40.2 - 51.4 %	JE TE
MCV	89.2		82.5 - 96.5 fL	JE TE
MCH	31.0		27.1 - 34.3 pg	JE TE
MCHC	34.8		33.0 - 35.0 g/dL	JE TE
RDW	13.5		12.0 - 14.0 %	JE TE
PLT	86	LO	130 - 374 10 ³ /uL	JE TE
MPV	9.4		6.9 - 10.5 fL	JE TE
AUTODIFF				
Neutrophils	69.6	HI	43.0 - 67.0 %	JE TE
Lymphocytes	22.0		21.0 - 45.0 %	JE TE
Monocytes	6.3		5.0 - 13.0 %	JE TE
Eosinophils	1.9		0.0 - 7.0 %	JE TE

Legend

LO=Low AL=Alarm Low HI=High AH=Alarm High AB=Abnormal
EL=Less than Clinically Reportable Range
EH=Greater than Clinically Reportable Range

REVIEWED BY:

6/3/05

H. Beam, MD
FCI McKean

000141

Name : MOSHIER JR, DONALD Location : MCK
Register Number : 10924-052 Page : 1 of 2
Printed : 06/02/2005 @ 11:06

06/02/05 11:06 AM CDT Sfp via VSI-FAX

Page 6 of 7 #41648

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
 Laboratory, 1900 W. Sunshine
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
 FINAL REPORT

Register Number : 10924-052 Age : 43yr
 Name : MOSHIER JR, DONALD Sex : M
 Location : FCI MCKEAN (MCK) Room :
 Admit. Physician: BEAM, MD Accession Number : 2331
 Order. Physician: BEAM, MD
 Collected : 05/31/05 @ 09:15 by: RE

Test	Result	Flag	Reference Range/Units	Tech
Basophils	0.2		0.0 - 1.0 %	JE TE
Neutrophil #	2.5		1.9 - 6.7 10 ³ /uL	JE TE
Lymphocyte #	0.8	LO	1.3 - 3.7 10 ³ /uL	JE TE
Monocyte #	0.2	LO	0.3 - 1.1 10 ³ /uL	JE TE
Eosinophil #	0.1		0.0 - 0.5 10 ³ /uL	JE TE
Basophil #	0.0		0.0 - 0.1 10 ³ /uL	JE TE

FCI MCKEAN HEALTH SVC.
 05 JUN -2 PM 12:22

S. Czeka
 S. Czeka, Med Tech.

Legend

LO=Low AL=Alarm Low HI=High AH=Alarm High AB=Abnormal
 EL=Less than Clinically Reportable Range
 EH=Greater than Clinically Reportable Range

Name : MOSHIER JR, DONALD
 Register Number : 10924-052
 Printed : 06/02/2005 @ 11:06

Location : MCK
 Page : 2 of 2

REVIEWED BY:

H. Beam
 6/3/05

H. Beam, MD
 FCI McKean

000142

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(417) 862-7041

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***** SENSITIVE-LIMITED OFFICIAL USE *****

FINAL REPORT

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Register Number : 10924-052 Age : 43yr
 Name : MOSHIER JR, DONALD Sex : M
 Location : FCI MCKEAN (MCK) Room :
 Admit. Physician: BEAM, MD Accession Number : 2222
 Order. Physician: BEAM, MD
 Collected : 04/05/05 @ 09:45 by: RE

Test	Result	Flag	Reference Range/Units	Tech
Collection Cmt.	ON INTERFERON.			TC
LIVER PROFILE				
Urea Nitrogen	18		7 - 22 mg/dL	GK MS
Creatinine	0.9		0.6 - 1.6 mg/dL	GK MS
Total Protein	7.6		6.0 - 8.2 g/dL	GK MS
Albumin	3.7		3.6 - 5.1 g/dL	GK MS
Alkaline Phos.	69		41 - 133 U/L	GK MS
AST (SGOT)	85	HI	11 - 55 U/L	GK MS
LDH	643		354 - 705 U/L	GK MS
Total Bilirubin	1.1		0.2 - 1.3 mg/dL	GK MS
A/G Ratio	0.94	LO	1.00 - 2.30	GK MS
Globulin	3.9	HI	2.0 - 3.7 g/dL	GK MS
ALT (SGPT)	105 ✓	HI	11 - 66 U/L	GK MS
Direct Bilirubin	0.1		0.0 - 0.5 mg/dL	GK MS
Gamma GTT	118	HI	8 - 78 U/L	GK MS
Bilirubin Unconj	1.0		0.0 - 1.1 mg/dL	GK MS
Bun/Creat Ratio	20.5		5.0 - 30.0	GK MS
Bilirubin Conjug	0.0		0.0 - 0.3 mg/dL	GK MS
CBC				
White Blood Cell	1.8 ✓	AL	4.3 - 11.1 10 ³ /uL	KS CK
	RESULT VERIFIED/PREVIOUS LOW			
	WBC			
Red Blood Cells	4.04	LO	4.46 - 5.78 10 ⁶ /uL	KS CK
Hemoglobin	12.8	LO	13.6 - 17.6 g/dL	KS CK
Hematocrit	38.5 ✓	LO	40.2 - 51.4 %	KS CK
MCV	95.2		82.5 - 96.5 fL	KS CK
MCH	31.7		27.1 - 34.3 pg	KS CK
MCHC	33.3		33.0 - 35.0 g/dL	KS CK
RDW	16.4	HI	12.0 - 14.0 %	KS CK
PLT	77 ✓	LO	130 - 374 10 ³ /uL	CK CK
MPV	9.7		6.9 - 10.5 fL	KS CK
AUTODIFF				
Neutrophils	49.1 ✓		67.0 %	KS CK
Lymphocytes	37.6		45.0 %	KS CK
Monocytes	11.1		13.0 %	KS CK
Eosinophils	2.1		7.0 %	KS CK

Handwritten notes:
 1,800
 49
 16200
 7200
 78200
 ANC - 882

REVIEWED BY:
 1/1
 4/8/05
 H. BEAM, MD
 FCI MCKEAN

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AS=Abnormal

Name : MOSHIER JR, DONALD
 Register Number : 10924-052
 Printed : 04/07/2005 @ 11:06

Location : MCK
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S. Czekał, Med Tech.

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*** SENSITIVE-LIMITED OFFICIAL USE ***
 FINAL REPORT

Register Number : 10924-052 Age : 43yr
 Name : MOSHIER JR, DONALD Sex : M
 Location : FCI MCKEAN (MCK) Room :
 Admit. Physician: BEAM, MD Accession Number : 8739
 Order. Physician: BEAM, MD
 Collected : 03/29/05 @ 10:50 by: REFE

Test	Result	Flag	Reference Range/Units	Tech
Lymphocyte #	0.6	LO	1.3 - 3.7 10 ³ /uL	WL CK
Monocyte #	0.2	LO	0.3 - 1.1 10 ³ /uL	WL CK
Eosinophil #	0.0		0.0 - 0.5 10 ³ /uL	WL CK
Basophil #	0.0		0.0 - 0.1 10 ³ /uL	WL CK

S. Czeka
 S. Czeka, Med Tech.

REVIEWED BY:

[Signature]
 3/31/05

H. BEAM, MD
 FCI MCKEAN

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AS=Abnormal

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Name : MOSHIER JR, DONALD
 Register Number : 10924-052
 Printed : 03/31/2005 @ 09:06

Location : MCK
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*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number : 10924-052 Age : 43yr
 Name : MOSHIER JR, DONALD Sex : M
 Location : FCI MCKEAN (MCK) Room :
 Admit. Physician: BEAM, MD Accession Number : 5761
 Order. Physician: BEAM, MD
 Collected : 03/22/05 @ 10:40 by: RE

Test	Result	Flag	Reference Range/Units	Tech
LIVER PROFILE				
Urea Nitrogen	15		7 - 22 mg/dL	GK TE
Creatinine	0.9		0.6 - 1.6 mg/dL	GK TE
Total Protein	7.1		6.0 - 8.2 g/dL	GK TE
Albumin	3.5	LO	3.6 - 5.1 g/dL	GK TE
Alkaline Phos.	60		41 - 133 U/L	GK TE
AST (SGOT)	97	HI	11 - 55 U/L	GK TE
LDH	599		354 - 705 U/L	GK TE
Total Bilirubin	1.0		0.2 - 1.3 mg/dL	GK TE
A/G Ratio	0.95	LO	1.00 - 2.30	GK TE
Globulin	3.6		2.0 - 3.7 g/dL	GK TE
ALT1 (SGPT)	123 ✓	HI	11 - 66 U/L	GK TE
Direct Bilirubin	0.2		0.0 - 0.5 mg/dL	GK TE
Gamma GT1	99	HI	8 - 78 U/L	GK TE
Bilirubin Unconj	0.8		0.0 - 1.1 mg/dL	GK TE
Bun/Creat Ratio	17.2		5.0 - 30.0	GK TE
Bilirubin Conjug	0.0		0.0 - 0.3 mg/dL	GK TE
CBC				
White Blood Cell	1.5 ✓	AL	4.3 - 11.1 10 ³ /uL	KS TE
RESULT VERIFIED/PREVIOUS LOW WBC				
Red Blood Cells	4.00	LO	4.46 - 5.78 10 ⁶ /uL	KS TE
Hemoglobin	12.8	LO	13.6 - 17.6 g/dL	KS TE
Hematocrit	37.7 ✓	LO	40.2 - 51.4 %	KS TE
MCV	94.2		82.5 - 96.5 fL	KS TE
MCH	32.0		27.1 - 34.3 pg	KS TE
MCHC	34.0		33.0 - 35.0 g/dL	KS TE
RDW	16.3	HI	12.0 - 14.0 %	KS TE
PLT	82 ✓	LO	130 - 374 10 ³ /uL	KS TE
MPV	10.1		6.9 - 10.5 fL	KS TE
AUTODIFF				
Neutrophils	46.5 ✓		43.0 - 67.0 %	KS TE
Lymphocytes	41.9		21.0 - 45.0 %	KS TE
Monocytes	9.5		5.0 - 13.0 %	KS TE
Eosinophils	1.7		0.0 - 7.0 %	KS TE
Basophils	0.4		0.0 - 1.0 %	KS TE
Neutrophil #	0.7	LO	1.9 - 6.7 10 ³ /uL	KS TE

Handwritten notes:
 1,500
 46
 9000
 6200
 69000
 ANZ
 REVIEWED BY: [Signature]
 3/24/05
 H. BEAM, MD
 FCI MCKEAN

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AS=Abnormal

Name : MOSHIER JR, DONALD
 Register Number : 10924-052
 Printed : 03/24/2005 @ 09:06

Location : MCK
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*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number : 10924-052 Age : 43yr
Name : MOSHIER JR, DONALD Sex : M
Location : FCI MCKEAN (MCK) Room :
Admit. Physician: BEAM, MD Accession Number : 5761
Order. Physician: BEAM, MD
Collected : 03/22/05 @ 10:40 by: RE

Test	Result	Flag	Reference Range/Units	Tech
Lymphocyte #	0.6	LO	1.3 - 3.7 10 ³ /uL	KS TE
Monocyte #	0.1	LO	0.3 - 1.1 10 ³ /uL	KS TE
Eosinophil #	0.0		0.0 - 0.75 10 ³ /uL	KS TE
Basophil #	0.0		0.0 - 0.1 10 ³ /uL	KS TE

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AE=Abnormal

Name : MOSHIER JR, DONALD
Register Number : 10924-052
Printed : 03/24/2005 @ 09:06

Location : MCK
Page : 2 of 2

REVIEWED BY:

WBE
3/24/05
H. BEAM, MD
FCI MCKEAN

S. Czachar
S. Czachar, Med Tech.

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Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
FINAL REPORT

Register Number	: 10924-052	Age	: 43yr
Name	: MOSHIER JR, DONALD	Sex	: M
Location	: FCI MCKEAN (MCK)	Room	:
Admit. Physician:	BEAM, MD	Accession Number	: 4110
Order. Physician:	BEAM, MD		
Collected	: 03/15/05 @ 09:00 by: RE		

Test	Result	Flag	Reference Range/Units	Tech
Collection Cmt.	CBC REJECTED. SPECIMEN TOO OLD FOR TESTING.			
Rejected Spec.				
LIVER PROFILE				
Urea Nitrogen	16		7 - 22 mg/dL	LN TE
Creatinine	0.9		0.6 - 1.6 mg/dL	LN TE
Total Protein	6.9		6.0 - 8.2 g/dL	LN TE
Albumin	3.4	LO	3.6 - 5.1 g/dL	LN TE
Alkaline Phos.	62		41 - 133 U/L	LN TE
AST (SGOT)	99	HI	11 - 55 U/L	LN TE
LDH	570		354 - 705 U/L	LN TE
Total Bilirubin	1.0		0.2 - 1.3 mg/dL	LN TE
A/G Ratio	0.94	LO	1.00 - 2.30	LN TE
Globulin	3.6		2.0 - 3.7 g/dL	LN TE
ALT1 (SGPT)	133	HI	11 - 66 U/L	LN TE
Direct Bilirubin	0.3		0.0 - 0.5 mg/dL	LN TE
Gamma GT1	102	HI	8 - 78 U/L	LN TE
Bilirubin Unconj	0.7		0.0 - 1.1 mg/dL	LN TE
Bun/Creat Ratio	17.5		5.0 - 30.0	LN TE
Bilirubin Conjug	0.0		0.0 - 0.3 mg/dl	LN TE

Legend

LO=Low AL=Alarm Low EL=Elevated Low H=High AH=Alarm High EH=Elevated High AE=Abnormal

Name : MOSHIER JR, DONALD
Register Number : 10924-052
Printed : 03/18/2005 @ 09:06

Location : MCK
Page : 1 of 1

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